



EL 06-007

Jim Wilcox, Manager,
Government & Regulatory Affairs
500 West Russell Street
P.O. Box 988
Sioux Falls, SD 57101-0988
Telephone (605) 339-8350 fax 612/573-9083
internet - james.c.wilcox@xcelenergy.com

February 27, 2006

Ms. Patty VanGerpen, Executive Director
South Dakota Public Utilities Commission
State Capitol Building
500 East Capitol Avenue
Pierre, South Dakota 57501-5070

RECEIVED

MAR 02 2006

**SOUTH DAKOTA PUBLIC
UTILITIES COMMISSION**

Dear Ms. VanGerpen:

In accordance with Docket EL91-004 and EL04-028, enclosed please find Xcel Energy's report on 2005 economic development activities.

The report is organized as follows: The first page reiterates the budget that was planned for the year 2005. The second page depicts the actual economic development investments that Xcel Energy made in 2005. The third page provides a planned budget that Xcel Energy plans for 2006. The pages following those provide documentation as requested of the actual expenses that Xcel Energy incurred in this program in 2005.

Xcel Energy respectfully requests approval of our 2005 report and the 2006 economic development budget.

If anyone has any questions, please call me at 339-8350.

Sincerely,

A handwritten signature in cursive script that reads 'J Wilcox'.

Jim Wilcox



Economic Development Investments

**Actual
2005**

Minnehaha County Economic Development Association (MCEDA)	\$	10,000
Lincoln County Economic Development Association (LCEDA)	\$	15,000
Small Business Development Center	\$	10,000
Southeastern SD Development Foundation	\$	10,000
SD Technology Business Center (Incubator) Copier	\$	5,000
GOED Conference G.O.L.D. Program Award Co-Sponsor	\$	1,500
SD Chamber of Commerce and Industry - CEO Roundtable ED Research	\$	10,000
Sioux Falls Development Foundation - Membership Dues	\$	1,500
SD Chamber of Commerce and Industry ABEX Awards	\$	1,000
Minnehaha County - Light the Old Courthouse Museum	\$	1,000
Mainstreet Sioux Falls - State Theater	\$	5,000
Rural Development Program - Worthing	\$	2,000
Rural Development Program - Centerville	\$	1,000
Rural Development Program - Tea	\$	1,000
Rural Development Program - Canistota	\$	1,000
Rural Development Program - Emery	\$	1,000
Rural Development Program - Fulton	\$	500
Rural Development Program - Monroe	\$	500
Rural Development Program - Alexandria	\$	1,000
Rural Development Program - Bridgewater	\$	1,000
Rural Development Program - Marion	\$	1,000
Rural Development Program - Lennox	\$	2,500
University of Sioux Falls "Strive to Thrive" program - Canton	\$	5,000
SDML Conference Sponsorship	\$	1,000
SFDF - SD Certified Beef Event	\$	1,500
Rural Development Program - Canton Industrial Park - 5 year pledge	\$	5,000
University of Sioux Falls "Strive to Thrive" program - Marion	\$	5,000

Total 2005 Economic Development Totals \$ 100,000

Feb 27, 2006

Jim Wilcox



South Dakota

Economic Development Budget

2005

Budget

Minnehaha County Economic Development Association (MCEDA)	\$	10,000
Lincoln County Economic Development Association (LCEDA)	\$	15,000
Xcel Energy "Economic Assistance" Program	\$	43,500
Small Business Development Center	\$	10,000
Rural Community Support	\$	20,000
GOED Conference G.O.L.D. Program Award Co-Sponsor	\$	1,500
Total 2005 Economic Development Budget Total	\$	100,000

Mar 23, 2005

Jim Wilcox



**Xcel Energy
Economic Development Budget**

2006

		Budget
Minnehaha County Economic Development Association (MCEDA)	\$	10,000
Lincoln County Economic Development Association (LCEDA)	\$	15,000
Xcel Energy "Economic Assistance" Program	\$	43,500
Small Business Development Center	\$	10,000
Rural Community Support	\$	20,000
GOED Conference G.O.L.D. Program Award Co-Sponsor	\$	1,500
Total 2006 Economic Development Budget Total	\$	100,000

Feb 27, 2006

Jim Wilcox

REQUEST FOR PAYMENT FORM

Pay Ref Number (AP Use Only)			
Request #	1/31/2005	Vendor Code	MINNECNTEC
Invoice #		Scheduled Payment Date	
Invoice Date		1/28/2005	
Is this a one-time payment?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Intercompany routing instructions if check to be mailed to different than vendor remit address (designate below)			
Route Check To:	Mary Thoen		
Location	Sioux Falls Service Center		
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Development

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input checked="" type="checkbox"/> PSC	<input type="checkbox"/> CHY	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	Minnehaha County Economic Development Association
Payee Mailing Address	P.O. Box 907
Payee City, State, Zip	Sioux Falls, SD 57101
General Ledger Description:	2005 Dues
Comments to Supplier (to be printed on check)	2005 Dues

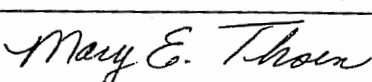
JDE Account Number

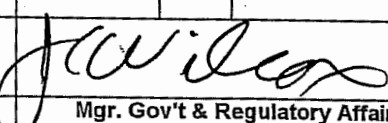
BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$10,000.00
If mores lines needed, use additional RFP form(s)						\$10,000.00
Total						

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE:

☒ Yes ☐ No

BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)			
Title	Mgr. Gov't & Regulatory Affairs		
Phone No	605-339-8350		

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Pay Ref Number (AP Use Only)			
Date of Request	1/31/2005	Vendor Code	LINCOCOUEC
Invoice #		Scheduled Payment Date	
Invoice Date		1/28/2005	
Is this a one-time payment?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Intercompany routing instructions if check to be mailed to different than vendor remit address (designate below)			
Route Check To:	Mary Thoen		
Location	Sioux Falls Service Center		
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Development

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input checked="" type="checkbox"/> PSC	<input type="checkbox"/> CHY	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	Lincoln County Economic Development Association
Payee Mailing Address	P.O. Box 907
Payee City, State, Zip	Sioux Falls, SD 57101
General Ledger Description:	2005 Dues
Comments to Supplier (to be printed on check)	2005 Dues

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$15,000.00
If more lines needed, use additional RFP form(s)						\$15,000.00
Total						

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS	

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary E. Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)	<i>Jim Wilcox</i>		
Title	Mgr. Gov't & Regulatory Affairs		
Phone No	605-339-8350		

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

Pay Ref Number (AP Use Only)			
Date of Request	4/11/2005	Vendor Code	SMALLBUS DE
Invoice #	825	Scheduled Payment Date	4/18/2005
Invoice Date		4/1/2005	
Is this a one-time payment?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Intercompany routing instructions if check to be mailed to different than vendor remit address (designate below)			
Route Check To:			
Location			
Payment is for: (Dropdown)	If other, what is the payment for:		

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> CHY	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	Small Business Development Center
Payee Mailing Address	Patterson Hall 132 - 414 E Clark Street
Payee City, State, Zip	Vermillion, SD 57069
General Ledger Description:	Match support of SBDC Program for 2005
Comments to Supplier (to be printed on check)	Match support of SBDC program for 2005

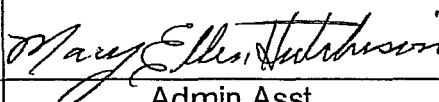
JDE Account Number

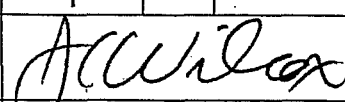
BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$10,000.00
If mores lines needed, use additional RFP form(s)						\$10,000.00
Total						

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE:

☒ Yes ☐ No

BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS

Requestor's Information	
Print Name	Mary Ellen Hutchison
Employee Id/Acid	HTCM01
Full signature (required)	
Title	Admin Asst
Phone No	605-339-8357

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	WLCJ01	BU	C FO Delivery
Full signature (required)			
Title	Mgr Gov & Reg Services		
Phone No	605-339-8350		

REQUEST FOR PAYMENT FORM

Pay Ref Number (AP Use Only)			
Date of Request	5/4/2005	Vendor Code	
Invoice #	42205	Scheduled Payment Date	4/25/2005
Invoice Date		5/4/2005	
Is this a one-time payment?		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Intercompany routing instructions if check to be mailed to different than vendor remit address (designate below)			
Route Check To:			
Location			
Payment is for: (Dropdown)	If other, what is the payment for:		

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: http://xpressnet/accts_payable/index.htm

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> CHY	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	Southeastern Development Foundation
Payee Mailing Address	1000 N West Avenue Ste 210
Payee City, State, Zip	Sioux Falls, SD 57104-1332
General Ledger Description:	Economic Development
Comments to Supplier (to be printed on check)	Economic Development


JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$10,000.00
If mores lines needed, use additional RFP form(s)						\$10,000.00
Total						

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS

Requestor's Information	
Print Name	Mary Ellen Hutchison
Employee Id/Acid	HTCM01
Full signature (required)	
Title	Admin Asst
Phone No	605-339-8357

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	WLCJO 1	BU	C FO Delivery
Full signature (required)			
Title	Gov. & Regulatory Serv, Mgr		
Phone No	605-339-8350		

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Pay Ref Number (AP Use Only)			
Date of Request	3/14/2005	Vendor Code	SouthDakTE
Invoice #	998	Scheduled Payment Date	3/16/2005
Invoice Date	3/1/2005	Is this a one-time payment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Intercompany routing instructions if check to be mailed to different than vendor remit address (designate below)			
Route Check To:			
Location			
Payment is for: (Dropdown)	If other, what is the payment for:		

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/accts payable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> CHY	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	SD Technology Business Center
Payee Mailing Address	2329 N Career Ave Ste 1
Payee City, State, Zip	Sioux Falls, SD 57107
General Ledger Description:	Economic Development
Comments to Supplier (to be printed on check)	Economic Development

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$5,000.00
If mores lines needed, use additional RFP form(s)						\$5,000.00
Total						

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE:

☒ Yes ☐ No

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Requestor's Information	
Print Name	Mary Ellen Hutchison
Employee Id/Acid	HTCM01
Full signature (required)	<i>Mary Ellen Hutchison</i>
Title	Admin Assistant
Phone No	605-339-8357

Approver's Information			
Print Name	James Wilcox		
Employee Id/Acid	WLCJ01	BU	C FO Delivery
Full signature (required)	<i>J Wilcox</i>		
Title	Mgr. of Gov. & Reg Services		
Phone No	605-339-8350		

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Pay Ref Number (AP Use Only)			
Date of Request	3/8/2005	Vendor Code	GOVEROFF EC
Invoice #	022405	Scheduled Payment Date	3/14/2005
Invoice Date		2/24/2005	
Is this a one-time payment?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Intercompany routing instructions if check to be mailed to different than vendor remit address (designate below)			
Route Check To:			
Location			
Payment is for: (Dropdown)	If other, what is the payment for:		

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> CHY	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	Governor's Office of Economic Development		
Payee Mailing Address	711 E. Wells Avenue		Attn: Ann G. Johnson
Payee City, State, Zip	Pierre, SD 57501		
General Ledger Description:	Contribution to SD Achievement Awards Econ Development		
Comments to Supplier (to be printed on check)	Contribution to SD Achievement Awards Econ Development		

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$1,500.00
If mores lines needed, use additional RFP form(s)						\$1,500.00
Total						

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☐ Yes ☐ No

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Requestor's Information	
Print Name	Mary Ellen Hutchison
Employee Id/Acid	HTCM01
Full signature (required)	<i>Mary Ellen Hutchison</i>
Title	Admin Asst
Phone No	605-339-8357

Approver's Information			
Print Name	James C. Wilcox		
Employee Id/Acid	WLCJ01	BU	C FO Delivery
Full signature (required)	<i>J Wilcox</i>		
Title	SD Mgr of Gov & Reg Serv		
Phone No	605-339-8350		

B.H. 805002
Obj Code 723830

REQUEST FOR PAYMENT FORM

Pay Ref Number (AP Use Only)			
Date of Request	3/14/2005	Vendor Code	
Invoice #	020205	Scheduled Payment Date	3/17/2005
Invoice Date		2/2/2005	
Is this a one-time payment?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Intercompany routing instructions if check to be mailed to different than vendor remit address (designate below)			
Route Check To:			
Location			
Payment is for: (Dropdown)	If other, what is the payment for:		

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> CHY	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	Sioux Falls Development Foundation
Payee Mailing Address	PO Box 907
Payee City, State, Zip	Sioux Falls, SD 57101-0907
General Ledger Description:	SF Dev Fnd 2005 Membership dues
Comments to Supplier (to be printed on check)	SF Dev Fnd 2005 Membership dues

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$1,500.00
If mores lines needed, use additional RFP form(s)						\$1,500.00
Total						

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE:

☒ Yes ☐ No

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Requestor's Information	
Print Name	Mary Ellen Hutchison
Employee Id/Acid	HTCM01
Full signature (required)	<i>Mary Ellen Hutchison</i>
Title	Admin Assistant
Phone No	605-339-8357

Approver's Information			
Print Name	James Wilcox		
Employee Id/Acid	WLCJ01	BU	C FO Delivery
Full signature (required)	<i>J Wilcox</i>		
Title	Mgr. of Gov. & Reg Services		
Phone No	605-339-8350		

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Pay Ref Number (AP Use Only)			
Date of Request	3/14/2005	Vendor Code	SouthDakCH
Invoice #	998	Scheduled Payment Date	3/16/2005
Invoice Date	3/11/2005	Is this a one-time payment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Intercompany routing instructions if check to be mailed to different than vendor remit address (designate below)			
Route Check To:			
Location			
Payment is for: (Dropdown)		If other, what is the payment for:	

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> CHY	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	SD Chamber of Commerce & Industry
Payee Mailing Address	PO Box 190
Payee City, State, Zip	Pierre SD 57501-0190
General Ledger Description:	ABEX Platinum sponsorship
Comments to Supplier (to be printed on check)	ABEX Platinum sponsorship

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$1,000.00
If mores lines needed, use additional RFP form(s)						\$1,000.00
Total						

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Requestor's Information	
Print Name	Mary Ellen Hutchison
Employee Id/Acid	HTCM01
Full signature (required)	<i>Mary Ellen Hutchison</i>
Title	Admin Assistant
Phone No	605-339-8357

Approver's Information			
Print Name	James Wilcox		
Employee Id/Acid	WLCJO 1	BU	C FO Delivery
Full signature (required)	<i>James Wilcox</i>		
Title	Mgr. of Gov. & Reg Services		
Phone No	605-339-8350		

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Pay Ref Number (AP Use Only)			
Date of Request	3/14/2005	Vendor Code	
Invoice #	106	Scheduled Payment Date	3/17/2005
Invoice Date	10/2/2004	Is this a one-time payment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Intercompany routing instructions if check to be mailed to different than vendor remit address (designate below)			
Route Check To:			
Location			
Payment is for:(Dropdown)		If other, what is the payment for:	

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> CHY	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	Light the Old Courthouse Museum
Payee Mailing Address	122 S Phillips Avenue
Payee City, State, Zip	Sioux Falls, SD 57104
General Ledger Description:	ED-Lght the Old Courthouse Museum Pledge Drive
Comments to Supplier (to be printed on check)	ED-Lght the Old Courthouse Museum Pledge Drive

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$1,000.00
If mores lines needed, use additional RFP form(s)						\$1,000.00
Total						

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE:

☒ Yes ☐ No

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Requestor's Information	
Print Name	Mary Ellen Hutchison
Employee Id/Acid	HTCM01
Full signature (required)	<i>Mary Ellen Hutchison</i>
Title	Admin Assistant
Phone No	605-339-8357

Approver's Information		
Print Name	James Wilcox	
Employee Id/Acid	WLCJO 1	C FO Delivery
Full signature (required)	<i>J Wilcox</i>	
Title	Mgr. of Gov. & Reg Services	
Phone No	605-339-8350	

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Pay Ref Number (AP Use Only)			
Date of Request	9/1/2005	Vendor Code	MAINSTSF
Invoice #	90105	Scheduled Payment Date	
Invoice Date		9/1/2005	
Is this a one-time payment?		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Intercompany routing instructions if check to be mailed to different than vendor remit address (designate below)			
Route Check To:			
Location			
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Development

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/accts payable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> CHY	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	Main Street Sioux Falls
Payee Mailing Address	122 S Phillips Avenue
Payee City, State, Zip	Sioux Falls, SD 57104
General Ledger Description:	Economic Development
Comments to Supplier (to be printed on check)	Economic Development

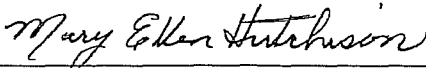
JDE Account Number

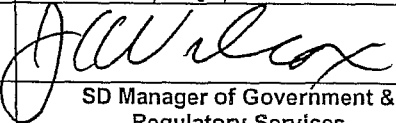
BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$5,000.00
If mores lines needed, use additional RFP form(s)						\$5,000.00
Total						

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE:

☒ Yes ☐ No

BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS

Requestor's Information	
Print Name	Mary Ellen Hutchison
Employee Id/Acid	HTCM01
Full signature (required)	
Title	Admin Assistant
Phone No	605-339-8357

Approver's Information			
Print Name	James C. Wilcox		
Employee Id/Acid	WLCJ01	BU	C FO Delivery
Full signature (required)			
Title	SD Manager of Government & Regulatory Services		
Phone No	605-339-8350		

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

Pay Ref Number (AP Use Only)			
Date of Request	3/3/2005	Vendor Code	WORTHECODE
Invoice #		Scheduled Payment Date	3/15/2005
		Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check to be mailed to different than vendor remit address (designate below)			
Route Check To:	Mary Thoen		
Location	Sioux Falls Service Center		
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Development

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input checked="" type="checkbox"/> PSC	<input type="checkbox"/> CHY	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	Worthing Economic Development Corporation
Payee Mailing Address	P.O. Box 277
Payee City, State, Zip	Worthing, SD 57077-0277
General Ledger Description:	ED - South Dakota Signage
Comments to Supplier (to be printed on check)	Signage

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$2,000.00
If more lines needed, use additional RFP form(s)						\$2,000.00
Total						

3-7-05
Taped

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE:

☒ Yes ☐ No

BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)	<i>J. Wilcox</i>		
Title	Mgr. Gov't & Regulatory Affairs		
Phone No	605-339-8350		

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Date of Request	9/2/2005	Vendor Code	centearefo	Invoice Date	3/28/2005
Invoice #		Scheduled Payment Date	9/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Development		
If under \$1,500, does the vendor accept credit card?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Comments:		

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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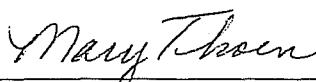
Payee Name	Centerville Area Foundation		
Payee Mailing Address	P.O. Box 339		
Payee City, State, Zip	Centerville, SD 57014		
General Ledger Description:	New housing development		
Comments to Supplier (to be printed on check)	New Housing	C&FO Workorder/ WO Task	

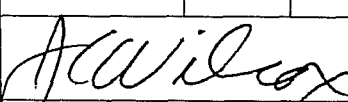
JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$1,000.00
If mores lines needed, use additional RFP form(s)						Total
						\$1,000.00

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE
(BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS)

☐ Yes ☐ No

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)			
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Date of Request	9/2/2005	Vendor Code	teaareacom	Invoice Date	3/28/2005
Invoice #		Scheduled Payment Date	9/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Development		
If under \$1,500, does the vendor accept credit card?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Comments:		

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	Tea Area Community Foundation		
Payee Mailing Address	P.O. Box 153		
Payee City, State, Zip	Tea, SD 57064		
General Ledger Description:	Park & recreation improvements		
Comments to Supplier (to be printed on check)	Park & recreation improvements	C&FO Workorder/ WO Task	

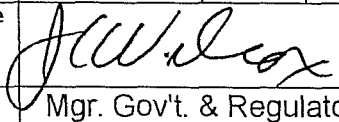
JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$1,000.00
If mores lines needed, use additional RFP form(s)						Total
						\$1,000.00

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE
(BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS)

☒ Yes ☐ No

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)			
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Date of Request	9/2/2005	Vendor Code	cityofcani	Invoice Date	3/28/2005
Invoice #		Scheduled Payment Date	9/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Development		
If under \$1,500, does the vendor accept credit card?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Comments:		

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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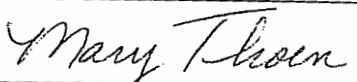
Payee Name	City of Canistota		
Payee Mailing Address	P.O. Box 67		
Payee City, State, Zip	Canistota, SD 57012-0067		
General Ledger Description:	Beautify Main Street - flags, banners		
Comments to Supplier (to be printed on check)	Beautify Main Street	C&FO Workorder/ WO Task	

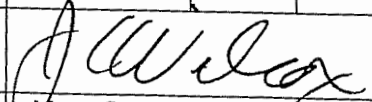
JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$1,000.00
If more lines needed, use additional RFP form(s)						
Total						\$1,000.00

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE
(BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS)

☐ Yes ☐ No

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)			
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Date of Request	9/2/2005	Vendor Code	cityofemer	Invoice Date	
Invoice #		Scheduled Payment Date	9/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Development		
If under \$1,500, does the vendor accept credit card?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Comments:			

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/accts payable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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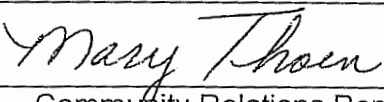
Payee Name	City of Emery		
Payee Mailing Address	P.O. Box 38		
Payee City, State, Zip	Emery, South Dakota 57332		
General Ledger Description:	Signage		
Comments to Supplier (to be printed on check)	Signage	C&FO Workorder/ WO Task	


JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$1,000.00
If mores lines needed, use additional RFP form(s)						Total
						\$1,000.00

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE
(BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS)

☐ Yes ☐ No

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)			
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Date of Request	9/2/2005	Vendor Code	townoffult	Invoice Date	
Invoice #		Scheduled Payment Date	9/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Development		
If under \$1,500, does the vendor accept credit card?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Comments:		

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	Town of Fulton		
Payee Mailing Address	P.O. Box 46		
Payee City, State, Zip	Fulton, SD 57340		
General Ledger Description:	Update Town Hall		
Comments to Supplier (to be printed on check)	Update Town Hall	C&FO Workorder/ WO Task	

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$500.00
If more lines needed, use additional RFP form(s)						Total
						\$ 500.00

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE
(BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS)

☐ Yes ☐ No

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary Thoen</i>
Title	Community Relations Rep.
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)	<i>Jim Wilcox</i>		
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Date of Request	9/2/2005	Vendor Code	cityofmonr	Invoice Date	
Invoice #		Scheduled Payment Date	9/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Development		
If under \$1,500, does the vendor accept credit card?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments:	

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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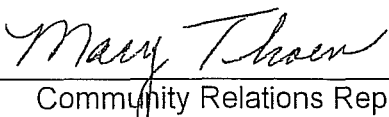
Payee Name	City of Monroe		
Payee Mailing Address	P.O. Box 4		
Payee City, State, Zip	Monroe, SD 57057		
General Ledger Description:	Community Center - replace ceiling tiles		
Comments to Supplier (to be printed on check)	Community Center	C&FO Workorder/ WO Task	


JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$500.00
If mores lines needed, use additional RFP form(s)						Total
						\$ 500.00

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE
(BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS)

☐ Yes ☐ No

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)			
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Request #	6/7/2005	Vendor Code	cityofalex	Invoice Date	
Invoice #		Scheduled Payment Date	6/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for:(Dropdown)	Other	If other, what is the payment for:	ED - 125 th Celebration		
If under \$1,500, does the vendor accept credit card?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Comments:		

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/accts payable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	City of Alexandria		
Payee Mailing Address	P.O. Box 430		
Payee City, State, Zip	Alexandria, SD 57311		
General Ledger Description:	125 th Celebration		
Comments to Supplier (to be printed on check)	125 th Celebration	C&FO Workorder/ WO Task	

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$1,000.00
If mores lines needed, use additional RFP form(s)						
Total						\$1,000.00

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE
(BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS)

☐ Yes ☐ No

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)	<i>J Wilcox</i>		
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Date of Request	6/7/2005	Vendor Code	cityofbrid	Invoice Date	
Invoice #		Scheduled Payment Date	6/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for: (Dropdown)	Other	If other, what is the payment for:	ED - 125 th Celebration		
If under \$1,500, does the vendor accept credit card?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Comments:		

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	City of Bridgewater		
Payee Mailing Address	P.O. Box 200		
Payee City, State, Zip	Bridgewater, SD 57319		
General Ledger Description:	125 th Celebration		
Comments to Supplier (to be printed on check)	125 th Celebration	C&FO Workorder/ WO Task	

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$1,000.00
If mores lines needed, use additional RFP form(s)						
Total						\$1,000.00

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE
(BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS)

☐ Yes ☐ No

	Requestor's Information
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

	Approver's Information		
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)	<i>J Wilcox</i>		
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Date of Request	6/7/2005	Vendor Code	mariodevfo	Invoice Date	
Invoice #		Scheduled Payment Date	6/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for: (Dropdown)	Other	If other, what is the payment for:	Economic Development		
If under \$1,500, does the vendor accept credit card?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Comments:			

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	Marion Development Foundation		
Payee Mailing Address	398 North Broadway Avenue		
Payee City, State, Zip	Marion, SD 57043		
General Ledger Description:	Engineer study - residential developemtn		
Comments to Supplier (to be printed on check)	Engineer study for development	C&FO Workorder/ WO Task	

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$1,000.00
If more lines needed, use additional RFP form(s)						
Total						\$1,000.00

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LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE
(BY CHECKING YES THE APPROVER AGREES TO HAVE BU DOCUMENTATION AVAILABLE TO AUDITORS)

☐ Yes ☐ No

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)	<i>J Wilcox</i>		
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Date of Request	11/22/2005	Vendor Code	cityoflenn	Invoice Date	
Invoice #		Scheduled Payment Date	12/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for: (Dropdown)	Other	If other, what is the payment for:	Economic Development		
If under \$1,500, does the vendor accept credit card?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Comments:		

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	City Of Lennox		
Payee Mailing Address	P.O. Box 228		
Payee City, State, Zip	Sioux Falls, SD 57039-0228		
General Ledger Description:	Lennox City Library		
Comments to Supplier (to be printed on check)	Lennox City Library	C&FO Workorder/ WO Task	

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$2,500.00
If more lines needed, use additional RFP form(s)						Total
						\$2,500.00

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE
(BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS)

☐ Yes ☐ No

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary E. Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)	<i>Jim Wilcox</i>		
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT



Northern States
Power Company
d/b/a Xcel Energy
414 Nicollet Mall
Minneapolis, MN 55401
612-626-2644

Wells Fargo Bank, N.A.
115 Hospital Drive
Van Wert, OH 45891



0000383882

Date 01/28/05

9600019921

\$5000.00 USD

Pay FIVE THOUSAND & 00/100 ***** DOLLARS

VOID IF NOT CASHED IN 90 DAYS

To The
Order Of UNIVERSITY OF SIOUX FALLS
1101 WEST 22ND STREET
SIOUX FALLS SD 57105-1699

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER AND AN ARTIFICIAL WATERMARK ON REVERSE SIDE - HOLD AT ANGLE TO VIEW

⑈0000383882⑈ ⑆041203824⑆9600019921⑈

Payee
UNIVERSITY OF SIOUX FALLS

Vendor ID	Employee #	Check No.	Date
UNIVESIOFA 01		0000383882	01/28/05

Payment Ref	Invoice No.	PO/Contract	Disc/Wth	Pay Amount
642157100000	012505		.00	\$5000.00

Pymt Comments: Strive To Thrive - *Center*
Route: Mary Thoen
Sioux Falls Service Center

*2-2-05
Sent ✓*

REQUEST FOR PAYMENT FORM

Date of Request	8/5/2005	Vendor Code	southdakmu	Invoice Date	6/21/2005
Invoice #		Scheduled Payment Date	7/20/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for: (Dropdown)	Other	If other, what is the payment for:	Economic Development		
If under \$1,500, does the vendor accept credit card?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Comments:			

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	South Dakota Municipal League		
Payee Mailing Address	214 East Capitol		
Payee City, State, Zip	Sioux Falls, SD 57501		
General Ledger Description:	SDML Conference Sponsor		
Comments to Supplier (to be printed on check)	SDML Conference Sponsor	C&FO Workorder/ WO Task	

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$1,000.00
If more lines needed, use additional RFP form(s)						Total
						\$1,000.00

8-5-05
Taped
8-22-05
Mailed

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE
(BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS)

☐ Yes ☒ No

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)	<i>Jim Wilcox</i>		
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

Jim C.
Wilcox would
go



11-29-05
gone to Pat Olson
will pay on 30.0
Dec. 1st

Invoice

Mr. Jim Wilcox
Xcel Energy
PO Box 988
Sioux Falls, SD 57101-0988

Date: 11/22/2005
Inv. No.: 499
Account No.: 5532

Description	Qty	Price	Amount
Hosting /SD Beef Event-Minervas	1	\$1,500.00	\$1,500.00
Total:			\$1,500.00
Paid:			\$0.00
TOTAL DUE:			\$1,500.00

Governor Rounds-SD Certified Beef Event-Minervas-charged to Dan S Credit Card

Please make checks payable to: Sioux Falls Development Foundation

CK rgst
ED
pls
TRX
JC

REQUEST FOR PAYMENT FORM

Date of Request	9/2/2005	Vendor Code	cantoecode	Invoice Date	
Invoice #		Scheduled Payment Date	9/15/2005	Is this a one-time payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intercompany routing instructions if check is to be mailed to different than vendor remit address (designate below)					
Route Check To:	Mary Thoen				
Location	Sioux Falls Service Center				
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Development		
If under \$1,500, does the vendor accept credit card?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Comments:		

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	Canton Economic Development Corporation		
Payee Mailing Address	P.O. Box 3		
Payee City, State, Zip	Canton, SD 57013		
General Ledger Description:	2005 Payment on Industrial Land Pledge 2002-2006		
Comments to Supplier (to be printed on check)	2005 payment on land pledge	C&FO Workorder/ WO Task	

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$5,000.00
If more lines needed, use additional RFP form(s)						Total
						\$5,000.00

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE
(BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS)

☐ Yes ☐ No

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information			
Print Name	Jim Wilcox		
Employee Id/Acid	wlcj01	BU	C FO Delivery
Full signature (required)	<i>J Wilcox</i>		
Title	Mgr. Gov't. & Regulatory Affairs		
Phone No	605-339-8350		
Date Signed			

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

REQUEST FOR PAYMENT FORM

Pay Ref Number (AP Use Only)		r	
Request Date	1/26/2005	Vendor Code	UNIVERSITY OF
Invoice #		Scheduled Payment Date	
Invoice Date		1/25/2005	
Is this a one-time payment?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Intercompany routing instructions if check to be mailed to different than vendor remit address (designate below)			
Route Check To:	Mary Thoen		
Location	Sioux Falls Service Center		
Payment is for: (Dropdown)	Other	If other, what is the payment for:	Economic Development

*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: <http://xpressnet/acctspayable/index.htm>

Company	<input type="checkbox"/> NSW	<input checked="" type="checkbox"/> NSM	<input type="checkbox"/> PSC	<input type="checkbox"/> CHY	<input type="checkbox"/> SPS	<input type="checkbox"/> XLS	<input type="checkbox"/> HAY	<input type="checkbox"/> OTHER
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Payee Name	University of Sioux Falls
Payee Mailing Address	1101 West 22 nd Street
Payee City, State, Zip	Sioux Falls, SD 57105-1699
General Ledger Description:	Strive To Thrive program - Marion
Comments to Supplier (to be printed on check)	Strive to Thrive

JDE Account Number

BU	Obj Acct	Subsid	Subldgr	SLT	Cost Obj & Type	Amt
805002	723830					\$5,000.00
If mores lines needed, use additional RFP form(s)						\$5,000.00
Total						

LETTER OF UNDERSTANDING ON FILE AND BACK-UP DOCUMENTATION FILED AT YOUR OFFICE:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BY CHECKING YES THE APPROVER AGREES TO HAVE B/U DOCUMENTATION AVAILABLE TO AUDITORS	

Requestor's Information	
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full signature (required)	<i>Mary Thoen</i>
Title	Community Relations Rep
Phone No	605-339-8355

Approver's Information		
Print Name	Jim Clark	
Employee Id/Acid	clj11	BU CFO DELIVERY
Full signature (required)	<i>Jim Clark</i>	
Title	Principle Manager SD	
Phone No	605-339-8359	

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT